

Oral Diabetes Medications

Diabetes PocketCard™

| Class/Main Action | Name(s) | Daily Dose Range | Considerations |
|---|---|--|---|
| Biguanides <i>Decrease hepatic glucose output.</i> <i>American Diabetes Association recommends start at diagnosis of type 2.</i> | metformin (Glucophage) | 500–2500 mg <i>(usually BID w/meal)</i> | Take caution if creat>1.4 women, >1.5 men, CHF on meds, >80 yrs, binge drinker, liver disease, during IV dye study, illness. Eliminated via kidney. Side effects include nausea, B12 deficiency, bloating, diarrhea. Take w/ meals. Lowers A1c 1.0% – 2.0%. |
| | Extended Release-XR (Glucophage XR) (Glumetza) (Fortamet) | (1x daily w/dinner) 500–2000 mg 500–2000 mg 500–2500 mg | |
| Sulfonylureas <i>Stimulates sustained insulin release.</i> | glyburide: (Micronase, Diabeta) (Glynase) | 1.25–20 mg 0.75–12 mg | Can take once or twice daily. Side effects include hypoglycemia and weight gain. Eliminated via kidney. *Take Glucotrol on an empty stomach. Take Glucotrol XL with first meal. Lowers A1c 1.0%–2.0%. |
| | glipizide: (Glucotrol*) (Glucotrol XL) | 2.5–40 mg 2.5–20 mg | |
| | glimepiride (Amaryl) | 1.0–8 mg | |
| Meglitinides <i>Stimulates rapid insulin “burst.”</i> | repaglinide (Prandin) | 0.5–4 mg w/meals (metabolized in liver) | Take before meals. Side effects may include hypoglycemia and weight gain. Lowers A1c 1.0%–2.0%. |
| | nateglinide (Starlix) | 60–120 mg w/meals (eliminated via kidney) | |

More medications on back. Note: These meds are for people with Type 2 diabetes and should not be used during pregnancy. Content is for educational purposes only; please consult prescribing information for details.



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| DPP – 4 Inhibitors <i>“Incretin Enhancers”</i> <i>Prolongs action of gut hormones = increased insulin secretion, delayed gastric emptying.</i> | sitagliptin (Januvia) | 100 mg daily (eliminated via kidney*) | *If creatinine elevated, see pkg insert for dosing info. No wt gain or hypoglycemia. Side effects include headache, flu-like symptoms. Report signs of pancreatitis (abdominal pain, nausea, vomiting). Lowers A1c 0.6%–0.8%. |
| | saxagliptin (Onglyza) | Up to 5 mg daily (eliminated via kidney*, feces) | |
| | linagliptin (Tradjenta) | 5 mg daily (eliminated via feces) | |
| Thiazolidinediones “TZDs” <i>Increase insulin sensitivity.</i> | pioglitazone (Actos) | 15–45 mg daily | Black Box Warning: TZDs may cause or worsen CHF. Monitor for edema and weight gain. Increased peripheral fracture risk. * No new pts to be started on Avandia. Actos may increase risk of bladder cancer. Lowers A1c 0.5%–1.0% |
| | rosiglitazone (Avandia) restricted access* | 4–8 mg daily | |
| Dopamine Receptor Agonists <i>Resets circadian rhythm.</i> | bromocriptine mesylate— Quick Release “QR” (Cycloset) | 1.6 to 4.8 mg a day (each tab 0.8 mg) | Take within 2 hrs of waking. Start at one tab daily, increase 0.8 mg each wk as tolerated. Side effects: nausea, headache, fatigue, hypotension, syncope, somnolence. Lowers A1c 0.6%–0.9%. |
| Glucosidase Inhibitors <i>Delay carb absorption.</i> | acarbose (Precose) miglitol (Glyset) | 25–100 mg w/meals; 300 mg max daily dose | Start with low dose, increase at 4-8 wk intervals to decrease GI effects. Caution with liver or kidney problems. Lowers A1c 0.5%–1.0%. |
| Combination medications <i>Observe precautions of each component drug.</i> | Glucovance: Glucophage + Glyburide Metaglip: Metformin + Glipizide * Avandamet: Avandia + Metformin * Avandaryl: Avandia + Amaryl * <i>Restricted access</i> | | Actoplus Met: Actos + Metformin Duetact: Actos + Amaryl Janumet: Januvia + Metformin Kombiglyze XR: Onglyza + Metformin XR Juvissync: Januvia + Zocor |

